

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Nan Hayworth

ADDRESS (number and street)

P.O. Box 511

Check if different  
than previously  
reported. (ACC)

Chester

NY

10918

2. FEC IDENTIFICATION NUMBER ▼

C

C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

06

D D /

05

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Jahns

Signature of Treasurer

Kevin Jahns

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 107

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	157942.00	1106688.60
(b) Total Contribution Refunds (from Line 20(d)) .....	6000.00	8100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	151942.00	1098588.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	84865.16	677949.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10959.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	84865.16	666989.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1077637.75	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1170319.48	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 107

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

125265.00

898757.94

(ii) Unitemized.....

8977.00

35385.39

(iii) TOTAL of contributions from individuals ▶

134242.00

934143.33

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

23700.00

122314.43

(d) The Candidate.....

0.00

50230.84

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

157942.00

1106688.60

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

148.81

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

500000.00

632060.84

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

500000.00

632060.84

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

10959.74

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.06

43.31

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

657942.06

1749901.30

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 107

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84865.16	677949.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	3100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	6000.00	8100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	90865.16	749549.33

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	510560.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	657942.06
25. SUBTOTAL (add Line 23 and Line 24).....	1168502.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90865.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1077637.75

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JUDITH B. ABEL

A.

Mailing Address 200 DIPLOMAT DRIVE, #5K

City

MOUNT KISCO

State

NY

Zip Code

10549-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUKE'S EPISCOPAL, SOMERS

Occupation

CHURCH ORGANIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9235

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JUDITH B. ABEL

B.

Mailing Address 200 DIPLOMAT DRIVE, #5K

City

MOUNT KISCO

State

NY

Zip Code

10549-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUKE'S EPISCOPAL, SOMERS

Occupation

CHURCH ORGANIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9501

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEVEN ABEL

C.

Mailing Address 103 S. BEDFORD ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9302

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1275.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 107

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DENNIS M. ALBERS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 48 LAKEVIEW AVE.		<b>Transaction ID : SA11.9222</b>
City PIEDMONT	State CA	Zip Code 94611-3515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ALBERS ENTERPRISES	Occupation INVESTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>PAUL M. ALBERT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 135 MAIN STREET		<b>Transaction ID : SA11.9308</b>
City SOUTH SALEM	State NY	Zip Code 10590-1209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ALBERT INVESTMENTS	Occupation CHAIRMAN	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>DMITRI ALDEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 195 E. 76TH STREET		<b>Transaction ID : SA11.9519</b>
City NEW YORK	State NY	Zip Code 10021-2843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LENOX HILL HOSPITAL	Occupation SURGEON	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**A. AUNDREA AMINE**

Mailing Address 1 MEADOWCROFT LANE

City

GREENWICH

State

CT

Zip Code

06830-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9164

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DR. SHELDON L. AXELROD**

Mailing Address 111 BEDFORD ROAD

City

KATONAH

State

NY

Zip Code

10536-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11.9214

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KEVIN BEINER**

Mailing Address 354 EAST 91ST ST

City

NEW YORK

State

NY

Zip Code

10128-5354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH SHORE LIJ HEALTH SYSTEM

Occupation

HOSPITAL ADMINISTRATOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9391

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1300.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JEANNE BENNETT****A.**

Mailing Address 31 PERRYRIDGE ROAD

City

GREENWICH

State

CT

Zip Code

06830-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

**Transaction ID : SA11.9157**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL BERGSTEIN****B.**

Mailing Address 358 NORTH BROADWAY

City

SLEEPY HOLLOW

State

NY

Zip Code

10591-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTA

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9417**

Amount of Each Receipt this Period

800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BERNARD BERNHARDT M.D.****C.**

Mailing Address 62 BONNIE MEADOW RD

City

SCARSDALE

State

NY

Zip Code

10583-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MONTEFIORE MEDICINE

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9468**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1300.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. ARNOLD S. BREITBART

A.

Mailing Address 10 IMPERIAL COURT

City

GREAT NECK

State

NY

Zip Code

11023-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

430.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9428

Amount of Each Receipt this Period

180.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. DAVID L. BRONSON

B.

Mailing Address 70 OLD PLANK LANE

City

MORELAND HILLS

State

OH

Zip Code

44022-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

PHYSICIAN/EXECUTIVE

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11.9256

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH BROWN

C.

Mailing Address 24 PENWOOD ROAD

City

BEDFORD CORNERS

State

NY

Zip Code

10549-4963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MBIA, INC.

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11.9316

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

OVERLIMIT CONTRIBUTION REFUNDED ON 6/29/14

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3280.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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FOR LINE NUMBER:

PAGE 10 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JOSEPH BROWN****A.**Mailing Address **24 PENWOOD ROAD**

City

**BEDFORD CORNERS**

State

**NY**

Zip Code

**10549-4963**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**MBIA, INC.**

Occupation

**EXECUTIVE**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5200.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

**Transaction ID : SA11.9316B**

Amount of Each Receipt this Period

**-2400.00**

CONTRIBUTION

**[MEMO ITEM]****REDESIGNATION TO PRIMARY 2010 DEBT**

Full Name (Last, First, Middle Initial)

**JOSEPH BROWN****B.**Mailing Address **24 PENWOOD ROAD**

City

**BEDFORD CORNERS**

State

**NY**

Zip Code

**10549-4963**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**MBIA, INC.**

Occupation

**EXECUTIVE**

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**4800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

**Transaction ID : SA11.9348**

Amount of Each Receipt this Period

**2400.00**

CONTRIBUTION

**[MEMO ITEM]****REDESIGNATION FROM GENERAL TO 2010  
PRIMARY DEBT**

Full Name (Last, First, Middle Initial)

**MATTHEW BUCKLIN****C.**Mailing Address **15 EAST PUTNAM AVENUE #425**

City

**GREENWICH**

State

**CT**

Zip Code

**06830-5424**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

**QUIT TEA LLC**

Occupation

**OWNER**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2014

**Transaction ID : SA11.9162**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JAMES BURKE****A.**

Mailing Address 655 MADISON AVE

City

NEW YORK

State

NY

Zip Code

10065-8043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J BURKE CAPITAL

Occupation

INVESTMENT BANKER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9436**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RICHARD C. BYRNE****B.**

Mailing Address 71 OLD OSCALETA ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRADE ASSOCIATION MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9298**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RONALD M. CARONIA M.D.****C.**

Mailing Address 105 COVES RUN

City

SYOSSET

State

NY

Zip Code

11791-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OPHTHALMIC CONSULTANTS OF LONG ISL

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9463**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

NICHOLAS CARUSELLE

A.

Mailing Address 29 MARGARETTA LN

City

STATEN ISLAND

State

NY

Zip Code

10314-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATEN ISLAND UNIVERSITY HOSPITAL

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9510

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN K. CASTLE

B.

Mailing Address 1095 N. OCEAN BLVD.

City

BELLE GLADE

State

FL

Zip Code

33430-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CASTLE HARLAN, INC.

Occupation

PRIVATE EQUITY INVESTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9307

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN A. CATSIMATIDIS

C.

Mailing Address 817 FIFTH AVE.

City

NEW YORK

State

NY

Zip Code

10065-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRISTEDES SUPERMARKETS

Occupation

OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9526

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MARGO CATSIMATIDIS

A.

Mailing Address 817 FIFTH AVE.

City

NEW YORK

State

NY

Zip Code

10065-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

NONE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9527

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEFFREY COGHLAN

B.

Mailing Address 124 CROCKER HILL RD

City

BINGHAMTON

State

NY

Zip Code

13904-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WENDBING

Occupation

MANAGEMENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9384

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ADAM M. COHEN

C.

Mailing Address 145 W. 67TH STREET, #34G

City

NEW YORK

State

NY

Zip Code

10023-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIMCO REALTY CORPORATION

Occupation

VICE-PRESIDENT OF TAX

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2014

Transaction ID : SA11.9375

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ROBERT K. COHEN

Mailing Address 29 CHERRY LAWN BLVD

City

NEW ROCHELLE

State

NY

Zip Code

10804-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9174

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JULIUS COHN

Mailing Address 200 EAST POST ROAD

City

WHITE PLAINS

State

NY

Zip Code

10601-4959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COHN &amp; SPECTOR

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. MITCHELL D. COHN

Mailing Address 76 VALLEY LANE

City

CHAPPAQUA

State

NY

Zip Code

10514-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHEASTERN ANESTHESIA SERVICE

Occupation

ANESTHESIOLOGIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9408

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**MARTHA G. COLLINS****A.**

Mailing Address 241 NIMHAM ROAD

City

KENT LAKES

State

NY

Zip Code

10512-3523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PUTNAM COUNTY TOURISM

Occupation

DIRECTOR OF COMMUNICATIONS

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9321**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSEPH A. COMERFORD****B.**

Mailing Address 1223 ROUTE 82

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533-6253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9264**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENNIS CONNORS****C.**

Mailing Address 3 RIDGE ROAD

City

SEARINGTOWN

State

NY

Zip Code

11507-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LENOX HILL HOSPITAL

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9282**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JAMES P. CONSTANTINO****A.**

Mailing Address 112 DAVIS ROAD

City

SALT POINT

State

NY

Zip Code

12578-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEAHAN &amp; CONSTANTINO

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9461**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER D. COSTANTINO, MD****B.**

Mailing Address 130 EAST 77TH STREET

City

NEW YORK

State

NY

Zip Code

10075-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK HEAD &amp; NECK INSTITUTE-LENOX

Occupation

CHAIRMAN, OTOLARYNGOLOGY

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : SA11.9291**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEVEN DAVIS****C.**

Mailing Address 64 WEST SHORE DR

City

PUTNAM VALLEY

State

NY

Zip Code

10579-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EFT NETWORK

Occupation

CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : SA11.9244**

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

2100.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

BARBARA DECINA

A.

Mailing Address 267 WESTCHESTER AVENUE

City

POUND RIDGE

State

NY

Zip Code

10576-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

UNEMPLOYED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9377

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. MARK S. DEFRANCESCO

B.

Mailing Address 35 TERRELL FARM PLACE

City

CHESHIRE

State

CT

Zip Code

06410-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S HEALTH CONNECTICUT

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9231

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL DI FRANCESCO

C.

Mailing Address 760 JEFFERSON AVENUE, #7

City

MIAMI BEACH

State

FL

Zip Code

33139-8570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N.A.

Occupation

STUDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9438

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ANTHONY DOMINO****A.**

Mailing Address 800 WESTCHESTER AVENUE

City

RYE BROOK

State

NY

Zip Code

10573-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EMPLOYEE BENEFITS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2014

**Transaction ID : SA11.9193**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHARLES DORKEY****B.**

Mailing Address 205 EAST 69 STREET

City

NEW YORK

State

NY

Zip Code

10021-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKENNA LONG

Occupation

LAWYER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9432**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL J. DOWLING****C.**

Mailing Address 230 OCEAN AVE.

City

NORTHPORT

State

NY

Zip Code

11768-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH SHORE LIJ

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9511**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. DAVID EDELSTEIN****A.**

Mailing Address 180 EAST END AVENUE

City

NEW YORK

State

NY

Zip Code

10128-7763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9378**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**ANDREW J. ENTWISTLE**

Mailing Address 69 GIRDLE RIDGE RD

City

KATONAH

State

NY

Zip Code

10536-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTWISTLE &amp; CAPPUCCI LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9439**

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**ANDREW J. ENTWISTLE**

Mailing Address 69 GIRDLE RIDGE RD

City

KATONAH

State

NY

Zip Code

10536-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTWISTLE &amp; CAPPUCCI LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9439B**

Amount of Each Receipt this Period

-2600.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION TO PRIMARY 2014 DEBT

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ANDREW J. ENTWISTLE****A.**

Mailing Address 69 GIRDLE RIDGE RD

City

KATONAH

State

NY

Zip Code

10536-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTWISTLE &amp; CAPPUCCI LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9532**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**[MEMO ITEM]**REDESIGNATION FROM GENERAL TO PRIMARY  
2014 DEBT

Full Name (Last, First, Middle Initial)

**MR. RICHARD FABBRO****B.**

Mailing Address 38 BRETTON ROAD

City

SCARSDALE

State

NY

Zip Code

10583-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRETTON OAKS CAPITAL MANAGEMENT

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9371**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. SIMINA MARIA FARCASIU****C.**

Mailing Address 250 SCUDDERS LANE

City

ROSLYN

State

NY

Zip Code

11576-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BELSTAR HOLDINGS

Occupation

PORTFOLIO MANAGER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9353**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**MR. THOMAS F. FARLEY****A.**

Mailing Address 41 GREENRIDGE AVENUE

City

WHITE PLAINS

State

NY

Zip Code

10605-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMAS F. FARLEY P.C.

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9323**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. ALLAN H. FARQUHAR****B.**

Mailing Address 171 S. WHITEROCK ROAD

City

HOLMES

State

NY

Zip Code

12531-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		28		2014

**Transaction ID : SA11.9345**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN T. T. FARRELL****C.**

Mailing Address 95 CAVALRY ROAD

City

WESTPORT

State

CT

Zip Code

06880-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVISON YOUNG

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

**Transaction ID : SA11.9212**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1750.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MAJID FATEH M.D.

A.

Mailing Address 150 FIFTH AVE. APT 11B

City

NEW YORK

State

NY

Zip Code

10011-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK FERTILITY INSTITUTE

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9506

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTHONY C. FERRERI

B.

Mailing Address 25 THE OVAL

City

STATEN ISLAND

State

NY

Zip Code

10304-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH SHORE 115 HEALTH SYSTEMS

Occupation

HOSPITAL ADMINISTRATOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9505

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS P. FIELDS

C.

Mailing Address 100 MIDWOOD ROAD

City

GREENWICH

State

CT

Zip Code

06830-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE INVESTMENT TRUSTS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11.9180

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

GREGORY P. FONTANA

A.

Mailing Address 2476 LANCELOT LN

City

LOS ANGELES

State

CA

Zip Code

90077-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH SHORE LIJOccupation  
CARDIAC SURGEON

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9509

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILBUR FOSTER

B.

Mailing Address 10 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10016-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILBANK, TWEED, HADLEY & MCCLOY LLPOccupation  
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9410

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. SCOTT FOWLER

C.

Mailing Address 1258 RIDGE TOP DRIVE

City

KINGSPORT

State

TN

Zip Code

37664-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLSTON MEDICAL GROUPOccupation  
OBSTETRICIAN/GYNECOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11.9267

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. SCOTT FOWLER

A.

Mailing Address 1258 RIDGE TOP DRIVE

City

KINGSPORT

State

TN

Zip Code

37664-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLSTON MEDICAL GROUP

Occupation

OBSTETRICIAN/GYNECOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11.9267B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

DR. SCOTT FOWLER

B.

Mailing Address 1258 RIDGE TOP DRIVE

City

KINGSPORT

State

TN

Zip Code

37664-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOLSTON MEDICAL GROUP

Occupation

OBSTETRICIAN/GYNECOLOGIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11.9485

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MARY-STUART GAMBLE FREYDBERG

C.

Mailing Address 59 ZACCHEUS MEAD LN

City

GREENWICH

State

CT

Zip Code

06831-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERKSHIRE HATHAWAY NEW ENGLAND PR

Occupation

REAL ESTATE AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11.9178

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. JENNIFER B. GANNON****A.**

Mailing Address 83 FAIRWAY DRIVE

City

STAMFORD

State

CT

Zip Code

06903-1425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9300**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HELEN B. GARRITY****B.**

Mailing Address 100 PARROTT DR.

City

SHELTON

State

CT

Zip Code

06484-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEXSPRING GROUP

Occupation

SENIOR MANAGING DIRECTOR

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : SA11.9181**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SUSAN GILLINDER****C.**

Mailing Address 5 CATHERINE STREET

City

PORT JERVIS

State

NY

Zip Code

12771-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GILLINDER BROTHERS, INC.

Occupation

TREASURER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

**Transaction ID : SA11.9183**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

LOUIS GIORDANO

A.

Mailing Address 1135 BRIDGE POINTE LANE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROTON AUTO PARK

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2014

Transaction ID : SA11.9226

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOUIS GIORDANO

B.

Mailing Address 1135 BRIDGE POINTE LANE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROTON AUTO PARK

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9404

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. REGINA GIUFFRIDA

C.

Mailing Address 5 REYNOLDS LANE

City

KATONAH

State

NY

Zip Code

10536-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9395

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. ANITA GROVER

A.

Mailing Address 514 WEED STREET

City

NEW CANAAN

State

CT

Zip Code

06840-6127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTCHESTER HEALTH

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2014

Transaction ID : SA11.9206

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN HAGAN

B.

Mailing Address 409 NW BRIARCLIFF PARKWAY

City

KANSAS CITY

State

MO

Zip Code

64116-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DISCOVER VISION CENTERS

Occupation

EYE SURGEON

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9407

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILL HAYWORTH

C.

Mailing Address 95 SATURN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94114-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLISSIAN

Occupation

SOFTWARE ENGINEER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9346

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

PETER C. HEIN

A.

Mailing Address 101 CENTRAL PARK, W., #14-E

City

NEW YORK

State

NY

Zip Code

10023-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WACHTELL, LIPTON, ROSEN &amp; KATZ

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SA11.9460

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES HIGGINS

B.

Mailing Address 35 37 N MOORE ST., #2A

City

NEW YORK

State

NY

Zip Code

10013-5711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW VERNON CAPITAL

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9440

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. JOHN HOLDS

C.

Mailing Address 8025 DAYTONA DRIVE

City

CLAYTON

State

MO

Zip Code

63105-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OPHTHALMIC PLASTIC SURGEONS, INC.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9230

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

P. DANIEL HOLLIS

A.

Mailing Address 55 SMITH AVENUE

City

MOUNT KISCO

State

NY

Zip Code

10549-2813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHAMBERG MARWELL DAVIS &amp; HOLLIS

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2014

Transaction ID : SA11.9207

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RANDALL HOUGH

B.

Mailing Address 1826 GARVEY AVENUE, #5

City

ALHAMBRA

State

CA

Zip Code

91803-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9311

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EILEEN HUARTE

C.

Mailing Address 14959 LA CUMBRE DR.

City

PACIFIC PALISADES

State

CA

Zip Code

90272-4457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARIZONA TILE

Occupation

MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9245

Amount of Each Receipt this Period

175.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

925.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ROBERT HUGHES****A.**

Mailing Address 125 MANNIS RD

City

QUEENSBURY

State

NY

Zip Code

12804-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

**Transaction ID : SA11.9247**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JEFFREY HUTH****B.**

Mailing Address 140 SHAGBARK LANE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOEHRINGER INGELHEIM PHARMACEUTICA

Occupation

MANAGER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9263**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN ILIBASSI****C.**

Mailing Address 1491 GASTON STREET

City

WANTAGH

State

NY

Zip Code

11793-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE MANAGER

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9393**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

RICHARD F. JACOBSON

A.

Mailing Address 52 VILLAGE WAY

City

BRANCHBURG

State

NJ

Zip Code

08876-3347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEXT MEDICAL PRODUCTS

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

Transaction ID : SA11.9279

Amount of Each Receipt this Period

1600.00

CONTRIBUTION

CONTRIBUTION MADE IN ERROR REFUNDED  
7/11/14

Full Name (Last, First, Middle Initial)

ROBERT JANKOWSKI

B.

Mailing Address P.O. BOX 443

City

GOSHEN

State

NY

Zip Code

10924-0443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOWN OF HAMPTONBURGH

Occupation

TOWN SUPERVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11.9185

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AUSTIN JOHNSON

C.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

STUDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9493

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

AUSTIN JOHNSON

A.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

STUDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9493B

Amount of Each Receipt this Period

-800.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL 2010 DEBT

Full Name (Last, First, Middle Initial)

AUSTIN JOHNSON

B.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

STUDENT

Receipt For: 2010

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9530

Amount of Each Receipt this Period

800.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM GENERAL TO 2010  
GENERAL DEBT

Full Name (Last, First, Middle Initial)

PAUL JOHNSON

C.

Mailing Address 19 BRADFORD COURT

City

BREWSTER

State

NY

Zip Code

10509-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VERIZON

Occupation

DIRECTOR

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : SA11.9122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

PAUL JOHNSON

A.

Mailing Address 19 BRADFORD COURT

City

BREWSTER

State

NY

Zip Code

10509-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VERIZON

Occupation

DIRECTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11.9295

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES P. JOYCE

B.

Mailing Address PO BOX 483

City

WELLSVILLE

State

NY

Zip Code

14895-0483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OTIS EASTERN

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9518

Amount of Each Receipt this Period

5200.00

CONTRIBUTION

REDESIGNATION LETTER FOR OVER LIMIT  
CONTRIBUTION SENT

Full Name (Last, First, Middle Initial)

NANCY D. JOYCE

C.

Mailing Address 37 SEMINARY ROAD

City

BEDFORD

State

NY

Zip Code

10506-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11.9177

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**HARVEY L. KAMINSKI****A.**

Mailing Address 6 HOBBY LANE

City

BEDFORD

State

NY

Zip Code

10506-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRESTIGE CAPITALOccupation  
FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9494

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GEORGE W. KETCHUM****B.**

Mailing Address P.O. BOX 288

City

SUGAR LOAF

State

NY

Zip Code

10981-0288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PDJ COMPONENTSOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9497

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CLARENCE KING****C.**

Mailing Address 13562 BRAEMAR DRIVE

City

DALLAS

State

TX

Zip Code

75234-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AETNAOccupation  
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9396

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. MELISSA KOHL

Mailing Address 279 HAWLEY RD

City

NORTH SALEM

State

NY

Zip Code

10560-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MKMG

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9400

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. RALPH KORPMAN

Mailing Address P.O. BOX 391

City

RIVERSIDE

State

CA

Zip Code

92502-0391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRIHEALTH, INC., KMGI

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9293

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. CLAUDETTE LAJAM

Mailing Address 30 KNOLLWOOD DR

City

LARCHMONT

State

NY

Zip Code

10538-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYU LANGONEMEDICALCENER

Occupation

PHYSICIAN/SURGEON

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9361

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4100.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

BRIAN LANDRY

A.

Mailing Address 43 GLENWOOD LANE

City

KATONAH

State

NY

Zip Code

10536-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANZ OF AMERICAOccupation  
TRADER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9356

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLOYD LAPORTE

B.

Mailing Address 662 GIPSY TRAIL ROAD

City

CARMEL

State

NY

Zip Code

10512-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRYSTONE CAPITAL CORP.Occupation  
C.O.O.

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9314

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. HARVEY H. LEDERMAN

C.

Mailing Address 8 BRENTWOOD DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT KISCO MEDICAL GROUPOccupation  
OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11.9199

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 37 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. HARVEY H. LEDERMAN

A.

Mailing Address 8 BRENTWOOD DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2014

Transaction ID : SA11.9199B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

DR. HARVEY H. LEDERMAN

B.

Mailing Address 8 BRENTWOOD DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2014

Transaction ID : SA11.9483

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

ELLEN B. LEHRMAN

C.

Mailing Address 100 UPPER LAKE SHORE DRIVE

City

KATONAH

State

NY

Zip Code

10536-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11.9179

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ELLEN B. LEHRMAN****A.**

Mailing Address 100 UPPER LAKE SHORE DRIVE

City

KATONAH

State

NY

Zip Code

10536-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9480**

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEPHEN J. LEHRMAN****B.**

Mailing Address 100 UPPER LAKE SHORE DRIVE

City

KATONAH

State

NY

Zip Code

10536-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEHRMAN, LEHRMAN &amp; GUTERMAN

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : SA11.9175**

Amount of Each Receipt this Period

600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEPHEN J. LEHRMAN****C.**

Mailing Address 100 UPPER LAKE SHORE DRIVE

City

KATONAH

State

NY

Zip Code

10536-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEHRMAN, LEHRMAN &amp; GUTERMAN

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : SA11.9176**

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

STEPHEN J. LEHRMAN

A.

Mailing Address 100 UPPER LAKE SHORE DRIVE

City

KATONAH

State

NY

Zip Code

10536-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEHRMAN, LEHRMAN &amp; GUTERMAN

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9481

Amount of Each Receipt this Period

2200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. STEPHEN LEONARD

B.

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City

ATLANTA

State

GA

Zip Code

30350-1085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9234

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOE LEPORE

C.

Mailing Address 11 MARIE COURT

City

POUGHKEEPSIE

State

NY

Zip Code

12601-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LCS FACILITY GROUP INC.

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SA11.9288

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. CECILY A. LESKO****A.**

Mailing Address 1005 CLIFTON AVE.

City

CLIFTON

State

NJ

Zip Code

07013-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH JERSEY EYE ASSOCIATES

Occupation

RETINA SURGEON

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2014

**Transaction ID : SA11.9123**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ANASTASIA SKELOS LESTER****B.**

Mailing Address 174 SMITH RIDGE ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DANBURY INTERNAL MEDICINE ASSOCIATE

Occupation

REGISTERED NURSE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9495**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

REDESIGNATION LETTER FOR OVERLIMIT  
CONTRIBUTION SENT

Full Name (Last, First, Middle Initial)

**DR. ABE LEVY****C.**

Mailing Address 4875 PELICAN COLONY BLVD

City

BONITA SPRINGS

State

FL

Zip Code

34134-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9437**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4350.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**JANET S. LEVY****A.**

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : SA11.9232**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JEROME LEVY****B.**

Mailing Address 1101 PELHAM PARKWAY NORTH

City

BRONX

State

NY

Zip Code

10469-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK EYE SURGERY CENTER

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9283**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. MARK LIEB****C.**

Mailing Address 41 CREST ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

CARDIOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : SA11.9233**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SHIRLEY LINDEFJELD LINDEFJELD

A.

Mailing Address P.O. BOX 564

City

KATONAH

State

NY

Zip Code

10536-0564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOOLWORKSOccupation  
FARMER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9433

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE A. LONG

B.

Mailing Address 14 LOWER SHAD ROAD

City

POUND RIDGE

State

NY

Zip Code

10576-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2014

Transaction ID : SA11.9160

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE A. LONG

C.

Mailing Address 14 LOWER SHAD ROAD

City

POUND RIDGE

State

NY

Zip Code

10576-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2014

Transaction ID : SA11.9160B

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**GEORGE A. LONG****A.**

Mailing Address 14 LOWER SHAD ROAD

City

POUND RIDGE

State

NY

Zip Code

10576-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : SA11.9167**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**RICHARD MACHOOL****B.**

Mailing Address 21 CORRIGAN LANE

City

GREENWICH

State

CT

Zip Code

06831-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MACKOOL EYE INSTITUTE

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9368**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. BELLA M. MALITS****C.**

Mailing Address 10 CITY PLACE, #10E

City

WHITE PLAINS

State

NY

Zip Code

10601-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PAIN MANAGEMENT SPECIALIST

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

**Transaction ID : SA11.9190**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. BELLA M. MALITS

A.

Mailing Address 10 CITY PLACE, #10E

City

WHITE PLAINS

State

NY

Zip Code

10601-3340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PAIN MANAGEMENT SPECIALIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9297

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE A. MATTSON JR.

B.

Mailing Address 17 SPLIT TREE DRIVE

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9172

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GEORGE A. MATTSON JR.

C.

Mailing Address 17 SPLIT TREE DRIVE

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9173

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

175.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**GEORGE A. MATTSON JR.****A.**

Mailing Address 17 SPLIT TREE DRIVE

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9496**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**LEAH MCCORMACK**

Mailing Address 119 TINDALL ROAD

City

MIDDLETOWN

State

NJ

Zip Code

07748-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

**Transaction ID : SA11.9278**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**JOSEPH MCLAUGHLIN**

Mailing Address 12 COLONIAL LANE

City

RIVERSIDE

State

CT

Zip Code

06878-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIDLEY AUSTIN, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9502**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**MR. DANIEL B. MCMANUS****A.**

Mailing Address 4 WOODS BRIDGE ROAD

City

KATONAH

State

NY

Zip Code

10536-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARK ASSOCIATES FUNERAL HOME

Occupation

FUNERAL DIRECTOR

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2014

**Transaction ID : SA11.9208**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AUDREY MCNIFF****B.**

Mailing Address 102 ZACCHEUS MEAD LANE

City

GREENWICH

State

CT

Zip Code

06831-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

**Transaction ID : SA11.9165**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER MCQUILLAN****C.**

Mailing Address P.O. BOX 657

City

CROSS RIVER

State

NY

Zip Code

10518-0657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9269**

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**GARY MELIUS****A.**

Mailing Address 135 WEST GATE DRIVE

City

HUNTINGTON

State

NY

Zip Code

11743-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9475**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER T. MILANO****B.**

Mailing Address 11 MIANUS BLUFF DRIVE

City

BEDFORD

State

NY

Zip Code

10506-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9456**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GIOVANNA MILLER****C.**

Mailing Address 7 ASHFIELDS LANE

City

GREENWICH

State

CT

Zip Code

06831-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		08		2014

**Transaction ID : SA11.9118**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ERIK A. NICOLAYSEN III****A.**

Mailing Address P.O. BOX 108

City

CHAPPAQUA

State

NY

Zip Code

10514-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NICOLAYSEN AGENCY INC.

Occupation

INSURANCE AGENT

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9419**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. ANTOINETTE NIGRO****B.**

Mailing Address 1581 OVERHILL STREET

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9258**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JUAN NOGUERAS****C.**

Mailing Address 7901 SEQUOIA LANE

City

PARKLAND

State

FL

Zip Code

33067-2390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLEVELAND CLINIC FLORIDA

Occupation

CHIEF OF STAFF

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9372**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**WAYNE NUSSBICKEL****A.**

Mailing Address 3596 ROUTE 82

City

MILLBROOK

State

NY

Zip Code

12545-6033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N&amp;S SUPPLY

Occupation

PARTNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SA11.9459**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL J. O'KANE****B.**

Mailing Address 15 SOLURI LANE

City

TOMKINS COVE

State

NY

Zip Code

10986-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

O'KANE CONSTRUCTION

Occupation

CONTRACTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9425**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JANET C. OLSHANSKY****C.**

Mailing Address 154 KEELER LANE

City

NORTH SALEM

State

NY

Zip Code

10560-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9351**

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

EMIL PANICHI

A.

Mailing Address 409 NEW YORK 82

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PANICHI HOLDING CORPORATION

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9470

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES PARKHURST

B.

Mailing Address 93 OLD CHURCH ROAD

City

GREENWICH

State

CT

Zip Code

06830-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANK OF AMERICA

Occupation

MANAGING DIRECTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9299

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAURA S. PEABODY ESQ

C.

Mailing Address 685 WEST END AVE. APT 12B

City

NEW YORK

State

NY

Zip Code

10025-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH SHORE LIJ

Occupation

LAWYER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9507

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. DAVID PETROVITS

Mailing Address 120 HUDSON POINTE DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12601-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKTOP MAINTENANCE CORP.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9474

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONNA M. PROSKE

Mailing Address 222 BENEDICT AVE

City

STATEN ISLAND

State

NY

Zip Code

10314-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATEN ISLAND UNIVERSITY HOSPITAL

Occupation

HOSPITAL ADMINISTRATOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9512

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. THOMAS F. PURDON

Mailing Address 706 E. BENT BRANCH PLACE

City

GREEN VALLEY

State

AZ

Zip Code

85614-5171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9379

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. SALVATORE PURPURA

Mailing Address 6 BEDELL ROAD

City

AMAWALK

State

NY

Zip Code

10501-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAC STEEL

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9238

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RUSSELL RABITO

Mailing Address 510 UNDERHILL RD

City

SCARSDALE

State

NY

Zip Code

10583-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UBS

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : SA11.9285

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PETER J. REGNA

Mailing Address 45 SPEAR ROAD

City

RAMSEY

State

NJ

Zip Code

07446-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AERO TEC LABORATORIES

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11.9237

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JOHN P. REILLY

A.

Mailing Address 60 COPPERFLAG LANE

City

STATEN ISLAND

State

NY

Zip Code

10304-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9508

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONATHAN R. REYNOLDS

B.

Mailing Address 481 OLD ALBANY POST ROAD

City

GARRISON

State

NY

Zip Code

10524-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

WRITER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9414

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. I. RAND RODGERS

C.

Mailing Address 91 WEAVER STREET

City

GREENWICH

State

CT

Zip Code

06831-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11.9325

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

PATRICIA ROMANO

A.

Mailing Address 113 BUXTON RD

City

BEDFORD HILLS

State

NY

Zip Code

10507-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRESENIUS MEDICAL CARE

Occupation

PATHOLOGIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : SA11.9161

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICIA ROMANO

B.

Mailing Address 113 BUXTON RD

City

BEDFORD HILLS

State

NY

Zip Code

10507-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRESENIUS MEDICAL CARE

Occupation

PATHOLOGIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9365

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK L. ROSEN

C.

Mailing Address 744 FOREST AVENUE

City

LARCHMONT

State

NY

Zip Code

10538-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADECCO

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9423

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**ROBERT J. ROSEN M.D.****A.**

Mailing Address 14 E. 75TH STREET, APT 11-B

City

NEW YORK

State

NY

Zip Code

10021-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9504**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**RICHARD B. ROWLEY**Mailing Address 99 CLINTON STREET  
2ND FLOOR

City

MONTGOMERY

State

NY

Zip Code

12549-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTYVILLE CAPITAL GROUP II

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9409**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**SALVATORE M. SALIBELLO**

Mailing Address 1088 PARK AVE.

City

NEW YORK

State

NY

Zip Code

10128-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BDO USA, LLC

Occupation

ASSURANCE PARTNER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9422**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**STEPHEN P. SCHAIBLE****A.**

Mailing Address 818 SAN YSIDRO LANE

City

SANTA BARBARA

State

CA

Zip Code

93108-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EVERCORE PARTNERS

Occupation

BANKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9431**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. JEFFREY SCHILLER****B.**

Mailing Address 452 W. 19TH STREET, #3C

City

NEW YORK

State

NY

Zip Code

10011-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11.9401**

Amount of Each Receipt this Period

350.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TOM SCHOSSAU****C.**

Mailing Address 1 VINCENT ROAD 3L

City

BRONXVILLE

State

NY

Zip Code

10708-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

OPHTHALMOLOGIST, SCIENTIST, ENGINEE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

**Transaction ID : SA11.9294**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

TOM SCHOSSAU

Mailing Address 1 VINCENT ROAD 3L

City

BRONXVILLE

State

NY

Zip Code

10708-6525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

OPHTHALMOLOGIST, SCIENTIST, ENGINEE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9390

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALEXANDER SCHUETTENBERG

Mailing Address 2544 SE VICKSBURG ST

City

BARTLESVILLE

State

OK

Zip Code

74006-7583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11.9352

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL SCHWARTZ

Mailing Address 24 UPLAND DRIVE

City

CHAPPAQUA

State

NY

Zip Code

10514-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TACONIC CAPITAL ADVISORS, LP

Occupation

PORTFOLIO MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9382

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. DANIEL SHAPIRO

A.

Mailing Address 9 DICKSON LANE

City

MOUNT KISCO

State

NY

Zip Code

10549-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9392

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAREN MASEK SHAPIRO

B.

Mailing Address 99 RICHMOND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9489

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAREN MASEK SHAPIRO

C.

Mailing Address 99 RICHMOND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9489B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL 2012 DEBT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

KAREN MASEK SHAPIRO

A.

Mailing Address 99 RICHMOND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9491

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PARIMARY 2014 TO 2012  
GENERAL DEBT

Full Name (Last, First, Middle Initial)

STEVEN SHAPIRO

B.

Mailing Address 99 RICHMOND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTREPID CAPITAL MANAGEMENT, INC.

Occupation

INVESTOR

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

7900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9490

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

REFUND OF OVERLIMIT CONTRIBUTION ISSUED  
7/7/14

Full Name (Last, First, Middle Initial)

CHARLES SHELLEY

C.

Mailing Address 416 WORTHINGTON AVENUE

City

SPRING LAKE

State

NJ

Zip Code

07762-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLOTHES LINES UNLIMITED LLC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2014

Transaction ID : SA11.9364

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2900.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DANIEL SHUCHMAN

A.

Mailing Address 131 E. 69TH STREET, #2A

City

NEW YORK

State

NY

Zip Code

10021-5158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MSD CAPITAL, L.P.Occupation  
INVESTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11.9503

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JORGE SIERRA

B.

Mailing Address 140 ELGAR PL

City

BRONX

State

NY

Zip Code

10475-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF NEW YORKOccupation  
CHILD PROTECTIVE CASEWORK SUPERVIS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11.9320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARTIN D. SKLAR

C.

Mailing Address 127 EUCLID AVENUE

City

ARDSLEY

State

NY

Zip Code

10502-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KLEINBERG KAPLAN WOLFF & COHENOccupation  
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11.9255

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

RICHARD B. SMITH

A.

Mailing Address 14 BROOK HILLS CIRCLE

City

WHITE PLAINS

State

NY

Zip Code

10605-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSTA

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11.9188

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. CLINTON I. SMULLYAN

B.

Mailing Address 18 EAST 48TH STREET, 19TH FLOOR

City

NEW YORK

State

NY

Zip Code

10017-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOSBACHER PROPERTIES INC.

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SA11.9184

Amount of Each Receipt this Period

600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DONN SORENSEN

C.

Mailing Address 155 CARONDELET PLAZA

City

CLAYTON

State

MO

Zip Code

63105-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCY

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9424

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. KENNETH M. STENGER

A.

Mailing Address 1136 ROUTE 9

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VERGILIS, STENGER, ROBERTS, LLC

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11.9458

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NEAL STROHMEYER

B.

Mailing Address 92 PINE HILL ROAD

City

TUXEDO PARK

State

NY

Zip Code

10987-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIANGLE MANUFACTURING CO.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9236

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NEAL STROHMEYER

C.

Mailing Address 92 PINE HILL ROAD

City

TUXEDO PARK

State

NY

Zip Code

10987-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIANGLE MANUFACTURING CO.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11.9477

Amount of Each Receipt this Period

250.00

CONTRIBUTION

REFUNDED \$250.00 ON 06/29/2014

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 107

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NEAL STROHMEYER**

Mailing Address **92 PINE HILL ROAD**

City **TUXEDO PARK** State **NY** Zip Code **10987-4221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TRIANGLE MANUFACTURING CO.** Occupation **PRESIDENT**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : SA11.9478**

Amount of Each Receipt this Period

250.00
--------

CONTRIBUTION

REFUNDED \$250.00 ON 06/29/2014

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address **15 JEAN WAY**

City **SOMERS** State **NY** Zip Code **10589-2605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SA11.9202**

Amount of Each Receipt this Period

50.00
-------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JOSEPH TARTAGLIA**

Mailing Address **1 KEANE COURT**

City **RYE** State **NY** Zip Code **10580-1144**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JOSEPH JOHN TARTAGLIA, M.D., P.C.** Occupation **PHYSICIAN**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9254**

Amount of Each Receipt this Period

250.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. JOSEPH TARTAGLIA****A.**

Mailing Address 1 KEANE COURT

City

RYE

State

NY

Zip Code

10580-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOSEPH JOHN TARTAGLIA, M.D., P.C.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9350**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

REFUNDED \$250.00 ON 06/29/2014

Full Name (Last, First, Middle Initial)

**DENIS TAURA****B.**

Mailing Address 90 MONTADALE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-7635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TAURA FLYNN &amp; ASSOCIATES LLC

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9420**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENIS TAURA****C.**

Mailing Address 90 MONTADALE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540-7635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TAURA FLYNN &amp; ASSOCIATES LLC

Occupation

CPA

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SA11.9421**

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ARISTIDIS THANOS

Mailing Address 268 S. HIGHLAND AVENUE

City

OSSINING

State

NY

Zip Code

10562-6104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANDMARK DINEROccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9498

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEWIS E TOPPER

Mailing Address 3605 CAMP MINEOLA ROAD

City

MATTITUCK

State

NY

Zip Code

11952-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAST FOOD SYSTEMS INC.Occupation  
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9388

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MS. IRIT MIZRACHI TRATT

Mailing Address 822 NORTH ST.

City

GREENWICH

State

CT

Zip Code

06831-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11.9166

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 66 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. DR. GAURANG TRIVEDI

Mailing Address 131 SPRING STREET

City

SOUTH SALEM

State

NY

Zip Code

10590-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9479

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. SCOTT VALLAR

Mailing Address 108 GUARD HILL ROAD

City

BEDFORD CORNERS

State

NY

Zip Code

10549-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GUARD HILL ADVISORS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : SA11.9119

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CARL D. VAN DEMARK

Mailing Address 189 VALLEY ROAD

City

KATONAH

State

NY

Zip Code

10536-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLENBOCH EISEMAN ASSOR BELL &amp; PES

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		08		2014

Transaction ID : SA11.9156

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. JAVIER VIZOSO****A.**

Mailing Address 1114 HARDEE ROAD

City

CORAL GABLES

State

FL

Zip Code

33146-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEMWELL GROUP HEALTH, INC.

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11.9359**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**AMS 1 WILLIAM WALLING USNR RET USNR RET**

Mailing Address 23 PROSPECT AVE APT 3

City

GOSHEN

State

NY

Zip Code

10924-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SA11.9203**

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**AMS 1 WILLIAM WALLING USNR RET USNR RET**

Mailing Address 23 PROSPECT AVE APT 3

City

GOSHEN

State

NY

Zip Code

10924-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9333**

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

550.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 68 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**AMS 1 WILLIAM WALLING USNR RET USNR RET****A.**

Mailing Address 23 PROSPECT AVE APT 3

City

GOSHEN

State

NY

Zip Code

10924-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : SA11.9334**

Amount of Each Receipt this Period

10.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN L. WARDEN****B.**

Mailing Address 430 EAST 57TH STREET

City

NEW YORK

State

NY

Zip Code

10022-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SULLIVAN &amp; CROMWELL LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9413**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**STEPHEN T. WHELAN****C.**Mailing Address 165 WEST END AVENUE  
#20D

City

NEW YORK

State

NY

Zip Code

10023-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLANK ROME LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11.9387**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

2010.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 107

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**DR. STUART E. WUNSH****A.**

Mailing Address 1005 CLIFTON

City

CLIFTON

State

NJ

Zip Code

07013-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH JERSEY EYE ASSOCIATES

Occupation

RETINA SURGEON

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2014

**Transaction ID : SA11.9280**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MITCHELL A. YELEN****B.**

Mailing Address 8925 SW 102 TERRACE

City

MIAMI

State

FL

Zip Code

33176-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINCHASIK YELEN MUSKAT STEIN, LLC

Occupation

TAX ATTORNEY

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9270**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MITCHELL A. YELEN****C.**

Mailing Address 8925 SW 102 TERRACE

City

MIAMI

State

FL

Zip Code

33176-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINCHASIK YELEN MUSKAT STEIN, LLC

Occupation

TAX ATTORNEY

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

**Transaction ID : SA11.9270B**

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**SUBTOTAL** of Receipts This Page (optional).....

1250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 70 OF 107

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MITCHELL A. YELEN

A.

Mailing Address 8925 SW 102 TERRACE

City

MIAMI

State

FL

Zip Code

33176-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINCHASIK YELEN MUSKAT STEIN, LLC

Occupation

TAX ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2014

Transaction ID : SA11.9487

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

125265.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 71 OF 107

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

 Full Name (Last, First, Middle Initial)  
**A. 21ST CENTURY ONCOLOGY INC. PAC**

Mailing Address 6321 DANIELS PKWY SUITE 200

City	State	Zip Code
FORT MYERS	FL	33912-4773

 FEC ID number of contributing federal political committee. **C** C00385120

Name of Employer Occupation

 Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

 Election Cycle-to-Date  
 10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9521

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**B. AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address 25 MASSACHUSETTS AVENUE, N.W., #60

City	State	Zip Code
WASHINGTON	DC	20001-7400

 FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

 Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

 Election Cycle-to-Date  
 2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SA11.9289

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

 Full Name (Last, First, Middle Initial)  
**C. CMR POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152-0485

 FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

 Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

 Election Cycle-to-Date  
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11.9472

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 72 OF 107

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

HUDSON VALLEY FUTURE FUND

A.

Mailing Address 1006 PENDLETON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-1837

FEC ID number of contributing  
federal political committee.

C C00512541

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2014

Transaction ID : SA11.9227

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUDSON VALLEY FUTURE FUND

B.

Mailing Address 1006 PENDLETON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-1837

FEC ID number of contributing  
federal political committee.

C C00512541

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2014

Transaction ID : SA11.9228

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEEPING REPUBLICAN IDEAS STRONG TIMELY &amp; INVENTIVE PAC

C.

Mailing Address P.O. BOX 312

City

SIOUX FALLS

State

SD

Zip Code

57101-0312

FEC ID number of contributing  
federal political committee.

C C00493809

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11.9284

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

6200.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 107

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**LYNN PAC****A.**Mailing Address **PO BOX 1872**

City

**TOPEKA**

State

**KS**

Zip Code

**66601-1872**FEC ID number of contributing  
federal political committee.**C****C00491043**

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**06 / 16 / 2014****Transaction ID : SA11.9209**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL COMMUNITY PHARMACISTS ASSN. PAC****B.**Mailing Address **100 DAINGERFIELD ROAD**

City

**ALEXANDRIA**

State

**VA**

Zip Code

**22314-6302**FEC ID number of contributing  
federal political committee.**C****C00030809**

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**06 / 30 / 2014****Transaction ID : SA11.9473**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RIGHT NOW WOMEN PAC****C.**Mailing Address **PO BOX 30844**

City

**BETHESDA**

State

**MD**

Zip Code

**20824-0844**FEC ID number of contributing  
federal political committee.**C****C00551366**

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**06 / 23 / 2014****Transaction ID : SA11.9290**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**3000.00****TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 74 OF 107

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

THE FUND FOR AMERICAN EXCEPTIONALISM

A.

Mailing Address 1801 N. SHUTT HILL RD.

City

HUNTINGTON

State

IN

Zip Code

46750-9101

FEC ID number of contributing  
federal political committee.

C C00512855

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SA11.9462

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

23700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 75 OF 107

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

NAN HAYWORTH

Mailing Address 214 MCLAIN STREET

City

BEDFORD CORNERS

State

NY

Zip Code

10549-

FEC ID number of contributing  
federal political committee.

C H0NY19139

Name of Employer

CANDIDATE

Occupation

SELF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

558758.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA13A.2129

Amount of Each Receipt this Period

500000.00

CANDIDATE LOAN - PERSONAL FUNDS

CANDIDATE LOAN - PERSONAL FUNDS

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period


SUBTOTAL of Receipts This Page (optional).....

500000.00

TOTAL This Period (last page this line number only).....

500000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. ALEXANDER ARZOUMANOV**

Mailing Address 56 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2014

Amount of Each Disbursement this Period

3991.73
---------

Transaction ID : SB17.I2057

EXPENSE REIMBURSEMENT: SEE BELOW

**B. ALEXANDER ARZOUMANOV**

Mailing Address 56 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement  
MEMO: MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2014

Amount of Each Disbursement this Period

2632.00
---------

Transaction ID : SB17.I2058

[MEMO ITEM]

MEMO: MILEAGE REIMBURSEMENT

**C. AMTRAK**

Mailing Address 234 W. 31ST STREET

City	State	Zip Code
NEW YORK	NY	10001

Purpose of Disbursement  
MEMO: TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 11 / 2014

Amount of Each Disbursement this Period

633.00
--------

Transaction ID : SB17.I2059

[MEMO ITEM]

MEMO: TRAVEL EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3991.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. ALEXANDER ARZOUMANOV**

Mailing Address 56 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.I2104

EMPLOYEE SALARY

**B. DAN BERGMAN**

Mailing Address 2544 AMAWALK ROAD

City	State	Zip Code
AMAWALK	NY	10501

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Amount of Each Disbursement this Period

258.00
--------

Transaction ID : SB17.I2081

EMPLOYEE SALARY

**C. DAN BERGMAN**

Mailing Address 2544 AMAWALK ROAD

City	State	Zip Code
AMAWALK	NY	10501

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 13 / 2014

Amount of Each Disbursement this Period

168.00
--------

Transaction ID : SB17.I2096

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1926.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. NICHOLAS BIBLIS**

Mailing Address 182 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: POSTAGE, COPIES, TRANSPORTATION

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

139.57
--------

Transaction ID : SB17.I2073

EXPENSE REIMBURSEMENT: POSTAGE, COPIES, TRANSPORTATION

**B. NICHOLAS BIBLIS**

Mailing Address 182 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.I2105

EMPLOYEE SALARY

**C. TIMOTHY BRADLEY**

Mailing Address 23 PETER DRIVE

City	State	Zip Code
SLATE HILL	NY	10973

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Amount of Each Disbursement this Period

54.00
-------

Transaction ID : SB17.I2082

EMPLOYEE SALARY

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1443.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BRADLEY**

Mailing Address 23 PETER DRIVE

City	State	Zip Code
SLATE HILL	NY	10973

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

288.00
--------

Transaction ID : SB17.I2097

EMPLOYEE SALARY

**B. FLORINDA ESTRADA**

Mailing Address 3401 WHISPERING HILLS DRIVE

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

432.00
--------

Transaction ID : SB17.I2084

EMPLOYEE SALARY

**C. CONNOR P. GILLIS**

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.I2106

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3220.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. SEAN GILLIS**

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

324.00
--------

Transaction ID : SB17.I2086

EMPLOYEE SALARY

**B. SEAN GILLIS**

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

192.00
--------

Transaction ID : SB17.I2098

EMPLOYEE SALARY

**C. TYASIA HOLMAN**

Mailing Address 65 S. HAMILTON ST., APT. 3

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

210.00
--------

Transaction ID : SB17.I2087

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

726.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. TYASIA HOLMAN**

Mailing Address 65 S. HAMILTON ST., APT. 3

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

54.00
-------

Transaction ID : SB17.I2099

EMPLOYEE SALARY

**B. TANIA PAWLYK**

Mailing Address 11 ALDEN ROAD

City	State	Zip Code
MONROE	NY	10950

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

438.00
--------

Transaction ID : SB17.I2089

EMPLOYEE SALARY

**C. NICK RICO**

Mailing Address 22 WOODLAND AVE.

City	State	Zip Code
POUGHKEEPSIE	NY	12603

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

132.00
--------

Transaction ID : SB17.I2090

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

624.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. NICK RICO**

Mailing Address 22 WOODLAND AVE.

City	State	Zip Code
POUGHKEEPSIE	NY	12603

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

180.00
--------

Transaction ID : SB17.I2100

EMPLOYEE SALARY

**B. RORY SILVERMAN**

Mailing Address 10 WILLETTS ROAD

City	State	Zip Code
MT. KISCO	NY	10549

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

168.00
--------

Transaction ID : SB17.I2092

EMPLOYEE SALARY

**C. RORY SILVERMAN**

Mailing Address 10 WILLETTS ROAD

City	State	Zip Code
MT. KISCO	NY	10549

Purpose of Disbursement  
EMPLOYEE SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

84.00
-------

Transaction ID : SB17.I2101

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

432.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS SETTLEMENT**

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

359.71
--------

Transaction ID : SB17.I2107

CREDIT CARD PROCESSING FEES

**B. CAMPAIGN GRID**

Mailing Address 400 FIRST ST., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

7500.00
---------

Transaction ID : SB17.I2072

ONLINE ADVERTISING

**C. GO! MARKETING & ADVERTISING**

Mailing Address 1205 43RD STREET

City	State	Zip Code
BROOKLYN	NY	11219

Purpose of Disbursement  
GRAPHIC DESIGN

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

2800.00
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Transaction ID : SB17.I2067

GRAPHIC DESIGN

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10659.71
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. GUERILLA DYNAMICS INC.**

Mailing Address 83 CRANBERRY DRIVE

City	State	Zip Code
HOPEWELL JUNCTION	NY	12533

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

320.00
--------

Transaction ID : SB17.I2074

IT CONSULTING

**B. ICAMPAIGN, LLC**

Mailing Address 2 GOLDWIN STREET

City	State	Zip Code
RYE	NY	10580

Purpose of Disbursement  
TELECOMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 24 / 2014

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.I2065

TELECOMMUNICATIONS CONSULTING

**C. JAMESTOWN ASSOCIATES**

Mailing Address 5 MAPLETON ROAD, SUITE 300

City	State	Zip Code
PRINCETON	NJ	08540

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

6032.51
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Transaction ID : SB17.I2070

MEDIA PRODUCTION

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6702.51

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. MFF GROUP**

Mailing Address 91 CARMAN AVE.

City	State	Zip Code
CEDARHURST	NY	11516

Purpose of Disbursement  
GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I2066

GENERAL CAMPAIGN CONSULTING

**B. NEW STREAM MARKETING STRATEGIES, INC.**

Mailing Address 205 EAST 16TH ST., STE 3A

City	State	Zip Code
NEW YORK	NY	10003

Purpose of Disbursement  
GOTV CALLS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

7450.42
---------

Transaction ID : SB17.I2063

GOTV CALLS

**C. NEW STREAM MARKETING STRATEGIES, INC.**

Mailing Address 205 EAST 16TH ST., STE 3A

City	State	Zip Code
NEW YORK	NY	10003

Purpose of Disbursement  
GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

2025.00
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Transaction ID : SB17.I2069

GENERAL CAMPAIGN CONSULTING

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10475.42
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. NEW STREAM MARKETING STRATEGIES, INC.**

Mailing Address 205 EAST 16TH ST., STE 3A

City	State	Zip Code
NEW YORK	NY	10003

Purpose of Disbursement  
GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

3500.00
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Transaction ID : SB17.I2075

GENERAL CAMPAIGN CONSULTING

**B. PAYCHEX**

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2014

Amount of Each Disbursement this Period

80.09
-------

Transaction ID : SB17.I2076

PAYROLL SERVICES

**C. PAYCHEX**

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Amount of Each Disbursement this Period

108.42
--------

Transaction ID : SB17.I2078

PAYROLL SERVICES

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3688.51



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

87.30
-------

Transaction ID : SB17.I2102

PAYROLL SERVICES

**B. PAYCHEX**

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

636.98
--------

Transaction ID : SB17.I2103

PAYROLL TAXES

**C. PIRYX INC.**

Mailing Address 144 2ND STREET, 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1348.19
---------

Transaction ID : SB17.I2131

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2072.47



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. THE POLITICAL NETWORK**

Mailing Address PO BOX 21383

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
COLUMBUS	OH	43221

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
PHONE BANKS

Transaction ID : SB17.I2062

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

PHONE BANKS

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE TRAZ GROUP**

Mailing Address 18 PENDLETON COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

City	State	Zip Code
MEDFORD	NJ	08055

Amount of Each Disbursement this Period

16292.43
----------

Purpose of Disbursement  
DIRECT MAIL SERVICES

Transaction ID : SB17.I2060

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

DIRECT MAIL SERVICES

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE TRAZ GROUP**

Mailing Address 18 PENDLETON COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

City	State	Zip Code
MEDFORD	NJ	08055

Amount of Each Disbursement this Period

6284.61
---------

Purpose of Disbursement  
DIRECT MAIL SERVICES

Transaction ID : SB17.I2061

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

DIRECT MAIL SERVICES

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

23477.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. THE TRAZ GROUP**

Mailing Address 18 PENDLETON COURT

City	State	Zip Code
MEDFORD	NJ	08055

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

4247.82
---------

Transaction ID : SB17.I2064

DIRECT MAIL SERVICES

**B. THE TRAZ GROUP**

Mailing Address 18 PENDLETON COURT

City	State	Zip Code
MEDFORD	NJ	08055

Purpose of Disbursement  
DIRECT MAIL SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

9959.88
---------

Transaction ID : SB17.I2071

DIRECT MAIL SERVICES

**C. WELLS FARGO**

Mailing Address 41 S. MOGER AVENUE

City	State	Zip Code
MOUNT KISCO	NY	10549-

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : SB17.I2108

BANK FEE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14237.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO**

Mailing Address 41 S. MOGER AVENUE

City	State	Zip Code
MOUNT KISCO	NY	10549-

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : SB17.I2109

BANK FEE

**B. WELLS FARGO**

Mailing Address 41 S. MOGER AVENUE

City	State	Zip Code
MOUNT KISCO	NY	10549-

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : SB17.I2110

BANK FEE

**C. WELLS FARGO**

Mailing Address 41 S. MOGER AVENUE

City	State	Zip Code
MOUNT KISCO	NY	10549-

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : SB17.I2111

BANK FEE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.00
-------



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 107

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

**A. JOSEPH BROWN**

Mailing Address 24 PENWOOD ROAD

City	State	Zip Code
BEDFORD CORNERS	NY	10549

Purpose of Disbursement  
REFUND OF OVERLIMIT CONTRIBUTION

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB20A.I2055

REFUND OF OVERLIMIT CONTRIBUTION

**B. NEAL STROHMEYER**

Mailing Address 92 PINE HILL ROAD

City	State	Zip Code
TUXEDO PARK	NY	10987

Purpose of Disbursement  
REFUND OF CONTRIBUTION MADE IN ERROR

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB20A.I2114

REFUND OF CONTRIBUTION MADE IN ERROR

**C. DANIEL SUDLIK**

Mailing Address 15 JEAN WAY

City	State	Zip Code
SOMERS	NY	10589

Purpose of Disbursement  
REFUND OF CONTRIBUTION INCORRECTLY DESIGNATED 2012

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB20A.I2053

REFUND OF CONTRIBUTION INCORRECTLY  
DESIGNATED 2012**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 107

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)

**A. JOSEPH TARTAGLIA**

Mailing Address 1 KEANE COURT

City RYE State NY Zip Code 10580

Purpose of Disbursement  
REFUND OF CONTRIBUTION MADE IN ERROR

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 29 / 2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.I2056

REFUND OF CONTRIBUTION MADE IN ERROR

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

1000.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 96 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 14

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

110000.00

Cumulative Payment To Date

48000.00

Balance Outstanding at Close of This Period

62000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 26 / 2009

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

62000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 97 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 15

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2009

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 98 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 16

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
12 / 31 / 2009

Date Due

M M / D D / Y Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 99 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 28

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

Nan Hayworth

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

150000.00

Cumulative Payment To Date

15500.00

Balance Outstanding at Close of This Period

134500.00

**TERMS**

Date Incurred

M M / D D / Y Y  
03 / 31 / 2010

Date Due

M M / D D / Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

134500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 100 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 30

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2010

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 101 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 32

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
10 / 29 / 2012

Date Due

M M / D D / Y Y  
due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 102 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : AC 35

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

10033.45

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10033.45

**TERMS**

Date Incurred

M M / D D / Y Y  
12 18 / 2012

Date Due

M M / D D / Y Y  
on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10033.45

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 103 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 33

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

**[PERSONAL FUNDS]**

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

63500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

63500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 21 / 2012

Date Due

M M / D D / Y Y Y Y  
due on demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

63500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 104 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 34

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

General - 2012

Mailing Address

P.O. Box 394

City

State

ZIP Code

Fishkill

NY

12524

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 22 / 2013

Date Due

M M / D D / Y Y Y Y  
due on demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 105 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 35

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Primary - 2014

Mailing Address  
PO Box 394

City

State

ZIP Code

Fishkill

NY

12524

Original Amount of Loan

8527.39

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8527.39

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2013

Date Due

M M / D D / Y Y Y Y

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8527.39

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 106 OF 107

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 36

Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

General - 2014

Mailing Address

PO Box 511

City

State

ZIP Code

Chestter

NY

10918

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
06 / 30 / 2014

Date Due

M M / D D / Y Y  
/ /

due on demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500000.00

**TOTALS** This Period (last page in this line only)..... ►

1168560.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.